Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01			(X3) DATE SURVEY COMPLETED	
		FOL 00 4070	B. WING		00/	0.4/0.4.0	
		FCL034072	D. WINO		02/	04/2016	
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE			
NARU F	AMILY CARE HOME #	2	IANA AVENU N-SALEM, NO				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE	
C 000	Initial Comments		C 000				
l	Report by Suzanna	ı Fay					
	DHSR Construction Section conducted a Biennial Survey on February 4, 2016 from 8:41 AM to 10:17 AM at the above referenced facility. DHSR records indicate the home was first licensed on October 3, 1997 as a Family Care Home for six ambulatory Residents (able to evacuate and respond without any physical or verbal assistance during a fire or other emergency.) Based on this information we are requiring the home to maintain compliance with the following: the 1992 Family Care Home Rules T10: 42C, applicable portions of the 2005 Rules 10A NCAC 13G for Family Care Homes and the 1996 (1997 Revision) North Carolina State Building Code - Section 419.2 - Residential Care Homes. At the time of our visit, we cited deficiencies that require an acceptable plan of correction. They are as follows:						
C 174	Building Equipmen	t Maintained Safe, Operating	C 174				
	10A NCAC 13G .03 EQUIPMENT (a) The building a mechanical, and pl care home shall be operating condition	and all fire safety, electrical, umbing equipment in a family maintained in a safe and apply to new and existing					
	Observations rebubbling paint alon The walls also has been seen as a seen allowed.	et as evidenced by: evealed several cracks and g the fireplace wall in Bedroom nad numerous cobwebs eiling and down the walls.					

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				TE SURVEY MPLETED	
		FCL034072	B. WING		02/0	4/2016	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 4266 INDIANA AVENUE 4264 INDIANA AVENUE							
NARU FA	AMILY CARE HOME #	WINSTON	-SALEM, NO	27105			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE	(X5) COMPLETE DATE	
C 174	Continued From pa	ge 1	C 174				
	the walls and have the cracks and reparation of the photos, receipts or 2. Observations remost at the left face an accumulation of in the roof valleys a facility. Have a quato remove the milder	vealed green mildew along the of the facility. Also observed leaves, limbs and other debris at the left and rear of the alified technician clean the roof lew and debris. Provide his correction in the form of					
C 127	Storage Areas-Sep	arate Locked	C 127				
	number for separat soiled linens, food a household supplies (b) There must be storing cleaning ag and other substance	must be adequate in size and e storage of clean linens, and food service supplies; and and equipment. a separate locked area(s) for ents, bleaches, pesticides, es which may be hazardous if r handled. Cleaning supplies					
	supplies stored und not a lockable cabi	vealed bleach and cleaning der the kitchen sink which was net. Keep cleaning supplies in cabinet. Provide verification of					
C 138	Outside Entrances/	Exits-Single Hand Motion	C 138				

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STATEMENT OF DEFICIENCIES (X1 AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED	
		FCL034072	B. WING		02/0	04/2016
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
NARU FA	NARU FAMILY CARE HOME #2 4266 INDIANA AVENUE WINSTON-SALEM, NC 27105					
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
C 138	.2209 OUTSIDE EN	ge 2 NTRANCES AND EXITS ocks must be easily operable, otion, from the inside at all	C 138			
	the rear exit had a vector not single action. Fremove or disable t	vealed that the storm door at working thumb latch which is lave a qualified technician he thumb latch. Provide his correction in the form of				
C 139	T10: 42C .2209 OUTSIDE EN (e) All entrances/e obstructions or imp instant use in case This Rule is not me 1. Observations re Bedroom D had a k of the doors. This i could be accidental trap the Resident in latches. Provide do in the form of photo 2. Observations re Bedroom C and Be on the window hard	Exits-Free of Obstructions NTRANCES AND EXITS exits must be free of all ediments to allow for full of fire or other emergency. Let as evidenced by: vealed that Bedroom C and reyed latch on the corridor side is a safety hazard as these ly or intentionally locked and in the room. Remove the keyed ocumentation of this correction ries, receipts or work orders. Let as evidenced by: vealed that the windows in droom D had safety catches livered ware. When engaged, the de exiting through the				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				ATE SURVEY OMPLETED	
		FCL034072	B. WING		02/0	4/2016	
NAME OF I	PROVIDER OR SUPPLIER			STATE, ZIP CODE	1 02/0	4/2010	
NARU FA	NARU FAMILY CARE HOME #2 4266 INDIANA AVENUE						
WINSTON-SALEM, NC 27105							
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (X5 (EACH CORRECTIVE ACTION SHOULD BE COMPL CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) DAT			
C 139	Continued From pa	ge 3	C 139				
	windows in the case of an emergency. Remove or disable the safety clips. Provide documentation of this correction in the form of photos or receipts.						
C 158	Fire Safety-Evacua	tion Plan	C 158				
	diagrammed drawing the local fire depart large print and post each floor. This play resident on admission orientation for all not all the local floor. This Rule is not med 1. Observations replan in Bedroom A show the direction correct orientation, evacuation plans at	and disaster plan (including a ang) which has the approval of ment must be prepared in sed in a central location on an must be reviewed with each ion and must be a part of the ew staff.					

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